

TEAR OFF BEFORE USE	DEPARTMENT OF TRANSPORTATION	SUPPLEMENTAL INFORMATION
BOND/CHECK REPLACEMENT REQUEST - PRIVACY ACT		
The information on this form is requested under the authority of United States Code, Title 31 and the Department of Treasury Fiscal Requirements Manual.		
Submission of this information is mandatory.		
The purpose of this information is to obtain a replacement bond or check.		
This information will be used to obtain a replacement bond/check from the U.S. Treasury Disbursing Office.		
Incomplete submission may result in delay of a replacement bond/check.		

Form DOT F 2730.3

BOND/CHECK REPLACEMENT REQUEST				
INSTRUCTIONS: Complete Part I and, submit in triplicate to the Accounting Office. The Accounting Office will complete Part II, forward the original to the appropriate U.S. Treasury Disbursing Office, return the duplicate to the employee and retain the triplicate. Upon receipt of replacement bond/check, employee will sign and date Part III on the duplicate copy and forward it to the Accounting Office.				
PART I - EMPLOYEE USE (To be typed or printed by employee)				
TO: Accounting Office		DATE OF REQUEST		Check one <input type="checkbox"/> U.S. SAVINGS BOND <input type="checkbox"/> U.S. TREASURY CHECK
REQUEST STOP PAYMENT AND REPLACEMENT ACTION BE INITIATED ON THE ITEM DESCRIBED BELOW.				
INSCRIPTION (Name and mailing address if check, and co-owner or beneficiary if savings bond)			<input type="checkbox"/> NOT RECEIVED AT DESIGNATED ADDRESS  <input type="checkbox"/> LOST  <input type="checkbox"/> OTHER (Explain below)	
CIRCUMSTANCES (Explain in detail. Continue on reverse, if necessary)				
_____ EMPLOYEE'S SIGNATURE				
PART II - ACCOUNTING OFFICE USE ONLY				
U.S. SAVINGS BOND		U.S. TREASURY CHECK		
NUMBER	ISSUE DATE	CHECK NUMBER	DATE	AMOUNT
DENOMINATION		SCHEDULE NUMBER	DATE	EMPLOYEE PAYROLL NUMBER
VERIFICATION				
SIGNATURE		TITLE		DATE
PART III - RECEIPT BY EMPLOYEE (For Replacement Bond/Check)				
SIGNATURE			DATE	

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